

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J		12/10/01
O.I.P.E. CLASSIFIER		4/3	12/11/01
FORMALITY REVIEW	LC	1024	12-31-01
RESPONSE FORMALITY REVIEW	M.D.	615	01-02-02

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)..... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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ACG-3C183  
12/30/01  
851  
01/02/02